

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
Telephone (615) 532-4885

THIS FORM IS TO BE USED ONLY IF THE APPLICANT WAS ISSUED A FULL TEACHING CREDENTIAL PRIOR TO JULY 1, 1984 AND CANNOT PROVIDE A COPY OF THAT LICENSE.

TO BE COMPLETED BY APPLICANT

Last Name		First Name		Middle/Maiden		
Street/P.O. Box			Date of Birth		Social Security Number	
City		State	Zip Code		* Sex	* Race

**Optional Statistical Information Only*

TO BE COMPLETED BY STATE DEPARTMENT OF EDUCATION

PLEASE COMPLETE AND RETURN TO THE ABOVE NAMED INDIVIDUAL.

Type Full License/Certificate Held	Endorsement Code(s)	Original Date of Issue	Date of Expiration

Has the License or Certificate been revoked or suspended?

_____ Yes

_____ No

State in which Licensure/Certification awarded

License/Certificate Reference Number

Signature of State Department of Education		Title	Date	Telephone Number
E-Mail Address				